APPLICATION FOR ANNUAL WHOLESALE DRUG MANUFACTURER/(REVERSE) DISTRIBUTOR/WAREHOUSE LICENSE

For license period July 1, 2024 - June 30, 2025

North Dakota State Board of Pharmacy
1838 E Interstate Ave Suite D
Bismarck, ND 58503
(701) 877-2404 Fax # (701) 877-2405
www.nodakpharmacy.com
E-Mail: Mhardy@ndboard.pharmacy or ndboph2@ndboard.pharmacy

MUST BE TYPEWRITTEN OR LEGIBLY PRINTED

NAME _____
(Full Corporate or Trade Name for Facility to be licensed)

FACILITY ADDRESS (site specific) _____

_____

SEND LICENSE TO ADDRESS (if different than above)_____

_____

CONTACT PERSON(s):_____

CONTACT PERSON(s) EMAIL ADDRESS:_____

TELEPHONE NUMBER (_____) - _____ FAX # (_____) _____
[Do not just write the name – put the ND Secretary of State Certificate #]

NORTH DAKOTA SECRETARY OF STATE SYSTEM IDENTIFICATION # Company: _____

NORTH DAKOTA SECRETARY OF STATE SYSTEM IDENTIFICATION # dba name: _____

FEDERAL **D**RUG **E**NFORCEMENT **A**DMINISTRATION # _____

ATTACH COPY OF **VAWD** CERTIFICATE – [if applicable]

FDA REGISTRATION NUMBER_____and/or **LABELER** CODE _____

TYPE OF OWNERSHIP: ◯ INDIVIDUAL ◯ PARTNERSHIP ◯ CORPORATION ◯ LLC ◯

OTHER (specify)_____

TYPE OF BUSINESS	**COST**	**Check Applicable Type**
Chain drug warehouse	$200	◯
Chain pharmacy warehouse	$200	◯
Hospital offsite warehouse	$200	◯
Jobber or broker	$1000	◯
Manufacturer	$1000	◯
Outsourcing Facility	$200	◯
Own label distributor	$1000	◯
Pharmacy distributor	$200	◯
Private label distributor	$1000	◯
Repackager	$1000	◯
Reverse distributor	$200	◯
Veterinary - only distributor	$200	◯
Virtual manufacturer	$400	◯
Virtual wholesaler or distributor	$1000	◯
Warehouse	$200	◯
Wholesaler or distributor	$1000	◯

ATTACH:

1. LIST OF NAMES(s) and TITLES(s) OF EACH PERSON [Owner/partner/corporate officer/director etc.]
2. A COPY OF HOME STATE LICENSE [letter of explanation if not required]
3. A COPY OF VAWD ACCREDITATION CERTIFICATE IF APPLICABLE http://www.nodakpharmacy.com/pdfs/VAWDappInstructions.pdf
4. PLEASE ATTACH A COPY OF YOUR CERTIFICATE OF AUTHORITY RECEIVED FROM THE NORTH DAKOTA SECRETARY OF STATE'S OFFICE AND NORTH DAKOTA TRADE NAME CERTIFICATE (DBA NAME) IF DIFFERENT THAN COMPANY NAME.
5. CHECK OR MONEY ORDER FOR THE APPROPRIATE LICENSE FEE

IF CORPORATION: _____

Full Corporate Name AND State of Incorporation

I certify that the applicant has not been convicted under any federal, state, or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances; nor had any suspension or revocation by federal, state, or local government of any license currently or previously held by the applicant for the manufacture or distribution of any drugs, including controlled substances;

INITIALS OF APPLICANT _____

If the applicant cannot certify to the above statement, please include a description and documents pertaining to the infraction.

_____

Typed Name Of Person Authorized to Bind Applicant

_____ _____

Typed Title of person Authorized to bind Applicant Signature of Person Authorized to Bind Applicant